

Response and Analysis

1. What aspects of Duke's behavior reflect antisocial personality disorder? What are the possible causes of antisocial personality disorder?
2. How did Duke's behavior affect Geoffrey Wolff? Did Wolff believe that Duke felt remorse or guilt about his actions? Why or why not?
3. In what ways did Duke's actions harm other people? Harm himself?

Research

Suppose you want to conduct a study to examine whether people who are diagnosed with antisocial personality disorder show less concern for punishment and pain than do other people. What is the null hypothesis? What is the research, or alternative, hypothesis?

GIRL, INTERRUPTED

Susanna Kaysen

Psychological Concept borderline personality disorder

Susanna Kaysen was diagnosed with borderline personality disorder—a disorder characterized by mood swings, fluctuations in self-image, unstable interpersonal relationships, and feelings of emptiness. Her condition was so severe that she was hospitalized after a suicide attempt. During her nearly two years in the hospital, she experienced a variety of symptoms. On recovery, Kaysen enlisted the support of her physician to release her records so she could include them in *Girl, Interrupted*, a book about her experiences. Here, she describes her hospital admission and some of the symptoms and uncertainties that troubled her. She also critically examines how well her diagnosis fits her behaviors.

Perhaps it's still unclear how I ended up in there. It must have been something more than a pimple. I didn't mention that I'd never seen that doctor before, that he decided to put me away after only fifteen minutes. Twenty, maybe. What about me was so deranged that in less than half an hour a doctor would pack me off to the nuthouse? He tricked me, though: a couple of weeks. It was closer to two years. I was eighteen.

I signed myself in. I had to, because I was of age. It was that or a court order, though they could never have gotten a court order against me. I didn't know that, so I signed myself in.

I wasn't a danger to society. Was I a danger to myself? ^{Dean} The fifty aspirin—but I've explained them. They were metaphorical. I wanted to get rid of a certain aspect of my character. I was performing a kind of self-abortion with those aspirin. It worked for a while. Then it stopped; but I had no heart to try again. . . .

I was having a problem with patterns. Oriental rugs, tile floors, printed curtains, things like that. Supermarkets were especially bad, because of the long, hypnotic checkerboard aisles. When I looked at these things, I saw other things within them. That sounds as though I was hallucinating, and I wasn't. I knew I was looking at a floor or a curtain. But all patterns seemed to contain potential representations, which in a dizzying array would flicker briefly to life. That could be . . . a forest, a flock of birds, my second-grade class picture. Well, it wasn't—it was a rug, or whatever it was, but my glimpses of the other things it might be were exhausting. Reality was getting too dense.

Something also was happening to my perceptions of people. When I looked at someone's face, I often did not maintain an unbroken connection to the concept of a face. Once you start parsing a face, it's a peculiar item: squishy, pointy, with lots of air vents and wet spots. This was the reverse of my problem with patterns. Instead of seeing too much meaning, I didn't see any meaning.

But I wasn't simply going nuts, tumbling down a shaft into Wonderland. It was my misfortune—or salvation—to be at all times perfectly conscious of my misperceptions of reality. I never "believed" anything I saw or thought I saw. Not only that, I correctly understood each new weird activity.

Now, I would say to myself, you are feeling alienated from people and unlike other people; therefore you are projecting your discomfort onto them. When you look at a face, you see a blob of rubber because you are worried that your face is a blob of rubber.

This clarity made me able to behave normally, which posed some interesting questions. Was everybody seeing this stuff and acting as though they weren't? Was insanity just a matter of dropping the act? If some people didn't see these things, what was the matter with them? Were they blind or something? These questions had me unsettled.

Something had been peeled back, a covering or shell that works to protect us. I couldn't decide whether the covering was something on me or something attached to every thing in the world. It didn't matter, really; wherever it had been, it wasn't there anymore.

And this was the main precondition, that anything might be something else. Once I'd accepted that, it followed that I might be mad, or that someone might think me mad. How could I say for certain that I wasn't, if I couldn't say for certain that a curtain wasn't a mountain range?

I have to admit, though, that I knew I wasn't mad.

It was a different precondition that tipped the balance: the state of contrariety. My ambition was to negate. The world, whether dense or hollow, provoked only

my negations. When I was supposed to be awake, I was asleep; when I was supposed to speak, I was silent; when a pleasure offered itself to me, I avoided it. My hunger, my thirst, my loneliness and boredom and fear were all weapons aimed at my enemy, the world. They didn't matter a whit to the world, of course, and they tormented me, but I got a gruesome satisfaction from my sufferings. They proved my existence. All my integrity seemed to lie in saying No.

So the opportunity to be incarcerated was just too good to resist. It was a very big No—the biggest No this side of suicide. . . .

Two o'clock on a Saturday in August on a medium-security ward in Belmont. Old cigarette smoke, old magazines, green spotted rug, five yellow vinyl chairs, a broken-backed orange sofa: You couldn't mistake that room for anything but a loony-bin living room.

I sat in my yellow vinyl chair . . .

I looked at my hand. It occurred to me that my palm looked like a monkey's palm. The crinkle of the three lines running across it and the way my fingers curled in seemed simian to me. If I spread my fingers out, my hand looked more human, so I did that. But it was tiring holding my fingers apart. I let them relax, and then the monkey idea came back.

I turned my hand over quickly. The back of it wasn't much better. My veins bulged—maybe because it was such a hot day—and the skin around my knuckles was wrinkly and loose. If I moved my hand I could see the three long bones that stretched out from the wrist to the first joints of my fingers. Or perhaps those weren't bones but tendons? I poked one; it was resilient, so probably it was a tendon. Underneath, though, were bones. At least I hoped so.

I poked deeper, to feel the bones. They were hard to find. Knucklebones were easy, but I wanted to find the hand bones, the long ones going from my wrist to my fingers.

I started getting worried. Where were my bones? I put my hand in my mouth and bit it, to see if I crunched down on something hard. Everything slid away from me. There were nerves; there were blood vessels; there were tendons: All these things were slippery and elusive.

"Damn," I said.

Georgina and Polly¹ weren't paying attention.

I began scratching the back of my hand. My plan was to get hold of a flap of skin and peel it away, just to have a look. I wanted to see that my hand was a normal human hand, with bones. My hand got red and white—sort of like Polly's hands—but I couldn't get my skin to open up and let me in.

I put my hand in my mouth and chomped. Success! A bubble of blood came out near my last knuckle, where my incisor had pierced the skin.

"What the fuck are you doing?" Georgina asked.

"I'm trying to get to the bottom of this," I said.

"Bottom of what?" Georgina looked angry.

¹ Other patients in the hospital

"My hand," I said, waving it around. A dribble of blood went down my wrist.

"Well, stop it," she said.

"It's my hand," I said. I was angry too. And I was getting really nervous. Oh God, I thought, there aren't any bones in there, there's nothing in there.

"Do I have any bones?" I asked them. "Do I have any bones? Do you think I have any bones?" I couldn't stop asking.

"Everybody has bones," said Polly.

"But do I have any bones?"

"You've got them," said Georgina. Then she ran out of the room. She came back in half a minute with Valerie.²

"Look at her," Georgina said, pointing at me.

Valerie looked at me and went away.

"I just want to see them," I said. "I just have to be sure."

"They're in there—I promise you," said Georgina.

"I'm not safe," I said suddenly.

Valerie was back, with a full medication cup.

"Valerie, I'm not safe," I said.

"You take this." She gave me the cup.

I could tell it was Thorazine from the color. I'd never had it before. I tipped my head back and drank.

It was sticky and sour and it oozed into my stomach. The taste of it stayed in my throat. I swallowed a few times.

"Oh, Valerie," I said, "you promised —" Then the Thorazine hit me. It was like a wall of water, strong but soft.

"Wow," I said. I couldn't hear my own voice very well. I decided to stand up, but when I did, I found myself on the floor.

Valerie and Georgina picked me up under the arms and steered me down the hall to our room. My legs and feet felt like mattresses, they were so huge and dense. Valerie and Georgina felt like mattresses too, big soft mattresses pressing on either side of me. It was comforting.

"It'll be okay, won't it?" I asked. My voice was far away from me and I hadn't said what I meant. What I meant was that now I was safe, now I was really crazy, and nobody could take me out of there. . . .

So these were the charges against me. I didn't read them until twenty-five years later. "A character disorder" is what they'd told me then.

I had to find a lawyer to help me get my records from the hospital; I had to read line 32a of form A1 of the Case Record, and entry G on the Discharge on Visit Summary, and entry B of Part IV of the Case Report; then I had to locate a copy of the *Diagnostic and Statistical Manual of Mental Disorders* and look up Borderline Personality to see what they really thought about me.

It's a fairly accurate picture of me at eighteen, minus a few quirks like reckless driving and eating binges. It's accurate but it isn't profound. Of course, it doesn't aim to be profound. It's not even a case study. It's a set of guidelines, a generalization.

² A nurse

I'm tempted to try refuting it, but then I would be open to the further charges of "defensiveness" and "resistance."

All I can do is give the particulars: an annotated diagnosis.

"[U]ncertainty about several life issues, such as self-image, sexual orientation, long-term goals or career choice, types of friends or lovers to have . . ." I relish that last phrase. Its awkwardness (the "to have" seems superfluous) gives it substance and heft. I still have that uncertainty. Is this the type of friend or lover I want to have? I ask myself every time I meet someone new. Charming but shallow; good-hearted but a bit conventional; too handsome for his own good; fascinating but probably unreliable; and so forth. I guess I've had my share of unrelia- bles. More than my share? How many would constitute more than my share?

Fewer than for somebody else—somebody who'd never been called a border- line personality?

That's the nub of my problem here.

If my diagnosis had been bipolar illness, for instance, the reaction to me and to this story would be slightly different. That's a chemical problem, you'd say to yourself, manic-depression, Lithium, all that. I would be blameless, somehow. And what about schizophrenia—that would send a chill up your spine. After all, that's real insanity. People don't "recover" from schizophrenia. You'd have to wonder how much of what I'm telling you is true and how much imagined.

I'm simplifying, I know. But these words taint everything. The fact that I was locked up taints everything.

What does *borderline personality* mean, anyhow?

It appears to be a way station between neurosis and psychosis: a fractured but not disassembled psyche. Though to quote my post-Melvin psychiatrist: "It's what they call people whose lifestyles bother them."

He can say it because he's a doctor. If I said it, nobody would believe me.

An analyst I've known for years said, "Freud and his circle thought most peo- ple were hysterics, then in the fifties it was psychoneurotics, and lately, everyone's a borderline personality."

When I went to the corner bookstore to look up my diagnosis in the *Manual*, it occurred to me that I might not find it in there anymore. They do get rid of things—homosexuality, for instance. Until recently, quite a few of my friends would have found themselves documented in that book along with me. Well, they got out of the book and I didn't. Maybe in another twenty-five years I won't be in there either.

"[I]nstability of self-image, interpersonal relationships, and mood . . . uncer- tainty about . . . long-term goals or career choice . . ." Isn't this a good description of adolescence? Moody, fickle, faddish, insecure: in short, impossible.

"[S]elf-mutilating behavior (e.g., wrist-scratching) . . ." I've skipped forward a bit. This is the one that caught me by surprise as I sat on the floor of the book- store reading my diagnosis. Wrist-scratching! I thought I'd invented it. Wrist- banging, to be precise.

This is where people stop being able to follow me. This is the sort of stuff you get locked up for. Nobody knew I was doing it, though. I never told anyone, until now.

I had a butterfly chair. In the sixties, everyone in Cambridge had a butterfly chair. The metal edge of its upturned seat was perfectly placed for wrist-banging. I had tried breaking ashtrays and walking on the shards, but I didn't have the nerve to tread firmly. Wrist-banging—slow, steady, mindless—was a better solution. It was cumulative injury, so each bang was tolerable.

A solution to what? I quote from the *Manual*: "This behavior may . . . counteract feelings of 'numbness' and depersonalization that arise during periods of extreme stress."

I spent hours in my butterfly chair banging my wrist. I did it in the evenings, like homework. I'd do some homework, then I'd spend half an hour wrist-banging, then finish my homework, then back in the chair for some more banging before brushing my teeth and going to bed. I banged the inside, where the veins converge. It swelled and turned a bit blue, but considering how hard and how much I banged it, the visible damage was slight. That was yet one more recommendation of it to me.

I'd had an earlier period of face-scratching. If my fingernails hadn't been quite short, I couldn't have gotten away with it. As it was, I definitely looked puffy and peculiar the next day. I used to scratch my cheeks and then rub soap on them. Maybe the soap prevented me from looking worse. But I looked bad enough that people asked, "Is something wrong with your face?" So I switched to wrist-banging.

I was like an anchorite with a hair shirt. Part of the point was that nobody knew about my suffering. If people knew and admired—or abominated—me, something important would be lost.

I was trying to explain my situation to myself. My situation was that I was in pain and nobody knew it; even I had trouble knowing it. So I told myself, over and over, You are in pain. It was the only way I could get through to myself ("counteract feelings of 'numbness'"). I was demonstrating, externally and irrefutably, an inward condition.

"Quite often social contrariness and a generally pessimistic outlook are observed." What do you suppose they mean by "social contrariness"? Putting my elbows on the table? Refusing to get a job as a dental technician? Disappointing my parents' hope that I would go to a first-rate university?

They don't define "social contrariness," and I can't define it, so I think it ought to be excluded from the list. I'll admit to the generally pessimistic outlook. Freud had one too.

I can honestly say that my misery has been transformed into common unhappiness, so by Freud's definition I have achieved mental health. And my discharge sheet, at line 41, Outcome with Regard to Mental Disorder, reads "Recovered."

Recovered. Had my personality crossed over that border, whatever and wherever it was, to resume life within the confines of the normal? Had I stopped arguing with my personality and learned to straddle the line between sane and insane? Perhaps I'd actually had an identity disorder. "In Identity Disorder there is a similar clinical picture, but Borderline Personality . . . preempts the diagnosis . . . if the disturbance is sufficiently pervasive and . . . it is unlikely that it will be limited to a developmental stage." Maybe I was a victim of improper preemption?

I'm not finished with this diagnosis.

"The person often experiences this instability of self-image as chronic feelings of emptiness or boredom." My chronic feelings of emptiness and boredom came from the fact that I was living a life based on my incapacities, which were numerous. A partial list follows. I could not and did not want to: ski, play tennis, or go to gym class; attend to any subject in school other than English and biology; write papers on any assigned topics (I wrote poems instead of papers for English topics; I got F's); plan to go or apply to college; give any reasonable explanation for these refusals.

My self-image was not unstable. I saw myself, quite correctly, as unfit for the educational and social systems.

But my parents and teachers did not share my self-image. Their image of me was unstable, since it was out of kilter with reality and based on their needs and wishes. They did not put much value on my capacities, which were admittedly few, but genuine. I read everything, I wrote constantly, and I had boyfriends by the barrelful.

"Why don't you do the assigned reading?" they'd ask. "Why don't you write your papers instead of whatever you're writing—what is that, a short story?" "Why don't you expend as much energy on your schoolwork as you do on your boyfriends?"

By my senior year I didn't even bother with excuses, let alone explanations.

"Where is your term paper?" asked my history teacher.

"I didn't write it. I have nothing to say on that topic."

"You could have picked another topic."

"I have nothing to say on any historical topic."

One of my teachers told me I was a nihilist. He meant it as an insult but I took it as a compliment.

Boyfriends and literature: How can you make a life out of those two things? As it turns out, I did; more literature than boyfriends lately, but I guess you can't have everything ("a generally pessimistic outlook [is] observed").

Back then I didn't know that I—or anyone—could make a life out of boyfriends and literature. As far as I could see, life demanded skills I didn't have. The result was chronic emptiness and boredom. There were more pernicious results as well: self-loathing, alternating with "inappropriately intense anger with frequent displays of temper . . ."

What would have been an appropriate level of intensity for my anger at feeling shut out of life? My classmates were spinning their fantasies for the future: lawyer, ethnobotanist, Buddhist monk (it was a very progressive high school). Even the dumb, uninteresting ones who were there to provide "balance" looked forward to their marriages and their children. I knew I wasn't going to have any of this because I knew I didn't want it. But did that mean I would have nothing?

I was the first person in the history of the school not to go to college. Of course, at least a third of my classmates never finished college. By 1968, people were dropping out daily.

Quite often now, people say to me, when I tell them I didn't go to college, "Oh, how marvelous!" They wouldn't have thought it was so marvelous back then. They didn't; my classmates were just the sorts of people who now tell me how marvelous I am. In 1966, I was a pariah.

What was I going to do? a few of my classmates asked.

"I'm going to join the WACs," I told one guy.

"Oh, yeah? That will be an interesting career."

"Just kidding," I said.

"Oh, uh, you mean you're not, really?"

I was stunned. Who did they think I was?

I'm sure they didn't think about me much. I was that one who wore black and—really, I've heard it from several people—slept with the English teacher. They were all seventeen and miserable, just like me. They didn't have time to wonder why I was a little more miserable than most.

Emptiness and boredom: what an understatement. What I felt was complete desolation. Desolation, despair, and depression.

Isn't there some other way to look at this? After all, angst of these dimensions is a luxury item. You need to be well fed, clothed, and housed to have time for this much self-pity. And the college business: My parents wanted me to go, I didn't want to go, and I didn't go. I got what I wanted. Those who don't go to college have to get jobs. I agreed with all this. I told myself all this over and over. I even got a job—my job breaking au gratin dishes.

But the fact that I couldn't hold my job was worrisome. I was probably crazy. I'd been skirting the idea of craziness for a year or two; now I was closing in on it.

Pull yourself together! I told myself. Stop indulging yourself. There's nothing wrong with you. You're just wayward.

One of the great pleasures of mental health (whatever that is) is how much less time I have to spend thinking about myself.

I have a few more annotations to my diagnosis.

"The disorder is more commonly diagnosed in women."

Note the construction of that sentence. They did not write, "The disorder is more common in women." It would still be suspect, but they didn't bother trying to cover their tracks.

Many disorders, judging by the hospital population, were more commonly diagnosed in women. . . .

In the list of six "potentially self-damaging" activities favored by the borderline personality, three are commonly associated with women (shopping sprees, shoplifting, and eating binges) and one with men (reckless driving). One is not "gender-specific," as they say these days (psychoactive substance abuse). And the definition of the other (casual sex) is in the eye of the beholder.

Then there is the question of "premature death" from suicide. Luckily, I avoided it, but I thought about suicide a lot. I'd think about it and make myself sad over my premature death, and then I'd feel better. The idea of suicide worked on me like a purgative or a cathartic. For some people it's different—Daisy, for instance. But was her death really "premature"? Ought she to have sat in her eat-in kitchen with her chicken and her anger for another fifty years? I'm assuming she wasn't going to change, and I may be wrong. She certainly made that assumption, and she may also have been wrong. And if she'd sat there for only thirty years, and killed herself at forty-nine instead of at nineteen, would her death still be "premature"?

I got better and Daisy didn't and I can't explain why. Maybe I was just flirting with madness the way I flirted with my teachers and my classmates. I wasn't convinced I was crazy, though I feared I was. Some people say that having any conscious opinion on the matter is a mark of sanity, but I'm not sure that's true. I still think about it. I'll always have to think about it.

I often ask myself if I'm crazy. I ask other people too.

"Is this a crazy thing to say?" I'll ask before saying something that probably isn't crazy.

I start a lot of sentences with "Maybe I'm totally nuts," or "Maybe I've gone 'round the bend."

If I do something out of the ordinary—take two baths in one day, for example—I say to myself: Are you crazy?

It's a common phrase, I know. But it means something particular to me: the tunnels, the security screens, the plastic forks, the shimmering, ever-shifting borderline that like all boundaries beckons and asks to be crossed. I do not want to cross it again.

Response and Analysis

1. How do you react to Susanna Kaysen's description of her experiences? What most affected you about the reading? Why?
2. Briefly describe Kaysen's mood changes, unstable interpersonal relationships, and identity problems.
3. Kaysen examines the extent to which her behaviors fit the criteria for her diagnosis, borderline personality disorder. Which of her behaviors does Kaysen believe fit and do not fit the diagnosis?
4. How do the psychodynamic, social learning, and cognitive perspectives conceptualize borderline personality disorder?

Research

Suppose you are interested in whether biases and expectations influence the judgment of diagnosti-

cians in making their psychological diagnoses. Specifically, you want to know if members of one ethnic group are diagnosed with more severe disorders than are members of another group.

You recruit forty diagnosticians (twenty men, twenty women) to participate in your study. Their responses will be completely anonymous. Each diagnostician will receive the same case history. However, you tell half of the participants that the case history is for an African American male, and you tell the other half that the case is for a white male. After reviewing the case history, the participants will offer a diagnosis.

Do you believe that either the African American males or the white males will receive a more severe diagnosis? Why? Is this an adequate way to study how ethnicity might influence the judgments of diagnosticians? Why or why not? Do you think the ethnicity of the diagnosticians would influence their ratings? Why or why not?